

# HEALTH CHECK BILLING WORKSHEET

Date of Service \_\_\_\_\_

Patient's Name	Next Screening Date (optional)
Medicaid ID number	Date of Birth

Health Check Screening Code			
Description	HCPCS Code	Diagnosis Code	
Regular Periodic Screening - Birth through 20 years	W8010	V20.2	
Interperiodic Screening - Birth through 20 years	W8016	V20.2	

Primary Diagnosis			
V20.2	All Findings Normal	Modifier 1N	

Second Diagnosis _____ (if applicable)		
Description	Mod	
Follow-up with screening provider	XF	
Referred to another provider	XO	
No follow-up necessary	ZF	

Third Diagnosis _____ (if applicable)		
Description	Mod	
Follow-up with screening provider	XF	
Referred to another provider	XO	
No follow-up necessary	ZF	

Fourth Diagnosis _____ (if applicable)		
Description	Mod	
Follow-up with screening provider	XF	
Referred to another provider	XO	
No follow-up necessary	ZF	

Description	HCPCS Code	Unit(s)*	
Immunization Administration Fee	W8012*	One immunization given	
		Two or more immunization given	

**\*Health Departments can only bill one unit with HCPC Code W8012**